

**SUMTER COUNTY BOARD OF COMMISSIONERS  
EXECUTIVE SUMMARY**

**SUBJECT:** Approve and execute the 2007 Community Development Block Grant (CDBG) contract number 08DB-T3-06-69-01-H02 close-out report

**REQUESTED ACTION:** Staff recommends approval

☐ Work Session (Report Only) **DATE OF MEETING:** 11/10/2009

☒ Regular Meeting ☐ Special Meeting

**CONTRACT:** ☒ N/A

Effective Date: 10/31/2007

Managing Division / Dept:

Vendor/Entity: CDBG

Termination Date: 10/31/2009

Housing

**BUDGET IMPACT:** There will be no budget impact regarding this close-out

☐ Annual

**FUNDING SOURCE:**

CDBG Grant Funds

☐ Capital

**EXPENDITURE ACCOUNT:**

112-555-554

☒ N/A

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**HISTORY/FACTS/ISSUES:**

Sumter County entered into an agreement with the Department of Community Affairs (DCA) on October 31, 2007 for housing rehabilitation/replacement through the Community Development Block Grant (CDBG). The contract for \$750,000 expired on October 30, 2009.

The Housing Department successfully completed twelve replacement projects and three rehabilitation projects totaling \$628,500 in CDBG funds and \$320,005 in SHIP funds. Twelve families received temporary relocation funds through CDBG for a total of \$9,000. All \$112,500 of administrative monies have been expended. All projects have received a Certificate of Occupancy or Certificate of Completion and the families have moved back into the residences.

The initial application was to assist ten families with the CDBG funds. The Housing Department exceeded the estimates and complied with all program requirements. A copy of the close-out report is attached.

The Housing Department is requesting the Chairman to approve and execute the 2007 CDBG close-out report. There are four original reports provided; two for the Department of Community Affairs, one for the Housing Department and one for the Board of Sumter County Commissioners.

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## FLORIDA SMALL CITIES OR DISASTER RECOVERY CDBG CLOSEOUT (12.07)

Closeout forms must be submitted to the Department of Community Affairs, Florida Small Cities CDBG or Disaster Recovery Program, within 45 days after the contract termination or expiration date. A Final Request for Funds should be submitted prior to, or with, the closeout since funds not requested will be deobligated at closeout. Closeout requirements can be found in Rule 9B-43.0051 (11), F.A.C.

### Instructions

All grant recipients must complete Section I. Commercial Revitalization or Neighborhood Revitalization grant recipients must complete Section II. Recipients of Commercial Revitalization or Economic Development grants must complete the relevant portions of Section III, and Housing grant recipients must complete Section IV. All grant recipients must complete the Beneficiary Data form and the Status of Accomplishments and Expenditures form. The Closeout Approval form must be signed by the Chief Elected Official. Enter the information requested or circle the response.

### Section I. Contract Information

<b>Contract Number:</b> 08DB-T3-06-69-01-H02		<b>Beginning Date:</b> October 31, 2007		<b>Ending Date:</b> October 30, 2009	
<b>Recipient:</b> Sumter County Board of County Commissioners		<b>Local Contact:</b> Kathy Young		<b>Phone Number:</b> 352-793-0272	

  

1. Indicate how the project was carried out (administration and construction):	Grantee Employees	Contractors	Both X
2. Indicate how beneficiary data was collected:		Census	Survey X
3. Enter the Census Tract(s) and/or Block Group(s) for service area(s):	Census Tract(s) 990100 - 991000	Block Group(s) 1, 2, 3	
4. If location of activities changed, is a map included?	N/A	Yes	No
5. Is a Property Management Register included?	N/A	Yes	No
6. If an infrastructure project, is an engineering certification included?	N/A	Yes	No
7. Is the project located in a Historic District?		Yes	No X
8. Is the project located in a Presidentially Declared Disaster Area?		Yes	No X
9. Is the project a Special Assessment activity?		Yes	No X
10. Is the project a Brownfield Activity?		Yes	No X
11. Did the local government provide the assistance (to the beneficiaries) in the form of a loan or a grant?	Grant	Loan	Deferred, forgivable loan X
12. If a loan, indicate:	Interest Rate %	Monthly Loan Amount \$	Amortization Period in Months
13. List all other funds, along with the source, used to support the activities funded with this grant:			
	Source	Amount	
Local Funds (i.e., General Revenue)		\$	
Grant(s)		\$	
Private Funds (i.e., Participating Party, etc.)		\$	
Loan(s)		\$	
Other (Specify) SHIP	Florida Housing Finance Corporation	\$	
14. Will the project result in program income? <i>Program income earned but not expended before closeout must be returned to DCA. Make check payable to the Department of Community Affairs – CDBG Program and include it with the Closeout.</i>		Yes	No X
• If program income has already resulted, indicate amount:		\$	

15. Has a final Request for Funds been submitted?	Yes X	No
16. Does the local government have CDBG Funds on hand? ( <i>cannot exceed \$5,000</i> ) If yes: \$	No	X

## Section II. Service, Benefit, Public Facility and Infrastructure

(To be completed by Commercial Revitalization or Neighborhood Revitalization grant recipients)

### 1. Service or Benefit (i.e., Water and Sewer Hookups)

- Number of persons with new access to this service or benefit
- Number of persons with improved access to this service or benefit
- Number of persons now receiving a service or benefit that is no longer substandard

### 2. Public Facility or Infrastructure Improvement (Water Tank, Treatment Plant, Street Paving)

- Number of persons with new access to this type of public facility or infrastructure improvement
- Number of persons with improved access to this type of public facility or infrastructure improvement
- Number of persons served by public facility or infrastructure that is no longer substandard

## Section III. Commercial Revitalization or Economic Development

*\*Recipients of Commercial Revitalization grants should only respond to items with an asterisk (\*).*

\*Number of businesses assisted with commercial facade treatment

\*Number of businesses assisted that provide goods or services to meet the needs of a service area, a neighborhood, or a community

\*Number of businesses assisted

Number of new businesses assisted

Number of existing businesses assisted

Number of existing businesses expanding

Number of existing businesses relocating

Number of full-time positions created

Number of full-time positions retained

Number of full-time low/mod positions created

Number of full-time low/mod positions retained

Number unemployed prior to taking jobs created by this activity

Number of jobs with employer-sponsored health care benefits

### Section III. Commercial Revitalization or Economic Development (continued)

**Enter in the spaces below the number of jobs created by type:**

Officials and Managers	Sales	Operatives (semi-skilled)
Professional	Technicians	(unskilled) Service workers
Office and Clerical	Craft workers (skilled)	Laborers

**\*For each business assisted, enter the business name and DUNS #:**

Business	DUNS #
Business	DUNS #
Business	DUNS #
Business	DUNS #
Business	DUNS #
Business	DUNS #
Business	DUNS #

### Section IV. Housing

*(To be completed by Housing Rehabilitation grant recipients)*

Number of houses rehabilitated	3
Number of one-for-one replacements	12
Number of permanent displacements/relocations	0
Number of units occupied by the elderly	8
Number of units made handicapped accessible	11
Number of units qualified as "energy star"	0
Number of units brought into compliance with lead safety requirements	0
If applicable, number of beds created in overnight shelter or emergency housing	N/A
Did the activity involve rental housing?	Yes No X
Did the project include:	Yes No X
• Installing security devices	Yes No
• Installing smoke detectors	X
• Performing emergency housing repairs	Yes No X
• Providing supplies and equipment for painting houses	Yes No X
• Operating a Tool Lending Library	Yes No X
<b>All Housing grant recipients must complete the Housing Benefit form (HB-12.07).</b>	

**Section IV. Housing (continued)**

<b>HOUSING BENEFIT (Form HB-12.07)</b>								
Name of Owner	Name of Occupant	Street Address (street, city and zip) (If replacement, new address.)	Total Cost of Rehab or Replacement	Total CDBG Funds Invested	Date Completed	Rehab (Yes or No)	Replace- ment (Yes or No)	# of Bed- rooms
Isaac Anderson	4	3958 SE 108 <sup>th</sup> Lane Webster, FL. 33597	\$76,115.24	\$63,750.00	12/17/2008	No	Yes	3
Allean & Willie Baker	2	344 CR 552N Bushnell, FL. 33513	\$79,515.51	\$63,750.00	02/09/2009	No	Yes	2
Bia Dora Edwards	4	9260 CR 241 Wildwood, FL. 34785	\$68,861.70	\$63,750.00	03/04/2009	No	Yes	3
Bette Sue & Roy Kelly	2	2847 CR 426E Lake Panasoffkee, FL. 33538	\$65,949.75	\$63,750.00	01/09/2009	No	Yes	2
Willeam James	2	9072 CR 241 Wildwood, FL. 34785	\$99,325.45	\$63,750.00	03/04/2009	No	Yes	4
Gary & Elizabeth Luman	4	8287 CR 643 Bushnell, FL. 33513	\$81,614.98	\$63,750.00	01/27/2009	No	Yes	3
Diana Rigsby	1	10760 CR 723 Webster, FL. 33597	\$60,016.90	\$59,226.25	03/17/2009	No	Yes	2
Bernice Robinson	2	7075 CR 213 Wildwood, FL. 34785	\$79,818.15	\$63,000.00	03/02/2009	No	Yes	3
Rex & Mary Fountain	3	11283 CR 683 Webster, FL. 33597	\$69,455.45	\$24,657.10	09/08/2009	No	Yes	3
Dina Mosley Figgs	1	6952 CR 215 Wildwood, FL. 34785	\$73,094.40	\$20,750.00	09/16/2009	No	Yes	3
Robert & Catherine Martin Silvia	3	6867 W CR 476 Bushnell, FL. 33513	\$71,040.85	\$25,000.00	09/29/2009	No	Yes	3
Annie Hamilton	2	4491 CR 504 Wildwood, FL. 34785	\$65,078.40	\$24,820.50	09/01/2009	No	Yes	3
Rose Sullivan	2	1363 CR 228 Wildwood, FL. 34785	\$13,898.70	\$13,898.70	07/20/2009	Yes	No	3
Matrey Law	1	10697 CR 748 Webster, FL. 33597	\$41,188.80	\$11,116.65	07/14/2009	Yes	No	3
Donald Ervine	2	2129 CR 439 Lake Panasoffkee, FL. 33538	\$12,530.80	\$12,530.80	07/01/2009	Yes	No	3

## Section V. STATUS OF ACCOMPLISHMENTS AND EXPENDITURES (12.07)

(A) Activity #	(B) Activity Name	(C) IDIS #	(D) CDBG Accomplishments		(E) Current Approved CDBG Budget	(F) CDBG Funds Received To Date	(G) Final RFF At Closeout (If Applicable)	Other Leverage Funds Expended
		DCA Use Only	Contracted	To Date				
14A	Housing Replacement/Rehabilitation		15	15	\$628,500.00	\$628,500.00		\$320,005.08
08	Temporary Relocation		12	12	\$9,000.00	\$9,000.00		
21A	Program Administration				\$112,500.00	\$112,500.00		
TOTALS								
(H) Total CDBG Approved Budget:			Total of Column (E)					\$750,000.00
(I) Total CDBG Funds Received To Date:			Total of Column (F)					\$750,000.00
(J) Total Amount of Final RFF:			Total of Column (G)					\$0.00
(K) Total Amount of CDBG Funds Requested:			Total of Column (F) + (G)					\$0.00
(L) Refund Due to DCA:			If Line (K) is greater than Line (H) indicate the difference					\$0.00

**(M) Amount to be Deobligated:****If Line (I) is less than Line (H)****\$0.00****Section VI. BENEFICIARY DATA (12.07)**

Do not enter Administration or Engineering activities.			Activity #	Activity #	Activity #	Activity #	Activity #	Activity #
			14A	08				
Total Beneficiaries Proposed			10	10				
Total Beneficiaries Actual			15	12				
LMI Beneficiaries Proposed			3	3				
LMI Beneficiaries Actual			10	9				
VLI Beneficiaries Proposed			7	7				
VLI Beneficiaries Actual			5	3				
Male # of household members			16	13				
Female # of household members			19	16				
Disabled # of household members			12	9				
Female Head of HH # of families			8	6				
Elderly # of household members			11	7				
RACE	For Housing Grants Only		Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity	Total	# of Hispanic Ethnicity
	# Units Owner Occupied	# Units Renter Occupied						
White (11)	4							
African American (12)	10							
Asian (13)								
American Indian or Alaskan Native (14)	1							
Native Hawaiian Pacific Islander (15)								
American Indian or Alaskan Native and White (16)								
African American and White (18)								
American Indian/Alaskan Native and African American								
Totals (Equal to Actual Beneficiaries)	15							

**Section VII.**

**PROPERTY MANAGEMENT REGISTER (12.07)**  
ATTACHMENT A (IF REQUIRED)

Recipient	Contract End Date				
Contract Number	Local Contact				
	1	2	3	4	5
Description of Property or Type of Equipment					
Identification Number					
Date of Purchase or Acquisition					
Total Cost of Property					
CDBG Cost					
CDBG % of Total Cost					
Physical Location					
Condition (New or Used)					
Residual Value					
Disposition Date					
Disposition Amount					
Method of Disposition					



### Section VIII. CLOSEOUT APPROVAL (12.07)

I certify that, to the best of my knowledge, all activities undertaken by the Recipient with funds under this grant agreement have been carried out in accordance with the grant agreement, that proper provision has been made for the payment of all paid costs identified; that the State of Florida is under no obligation to make further payment to the Recipient under the grant agreement in excess of the amount identified on **Line K** of the STATUS OF ACCOMPLISHMENTS AND EXPENDITURES (12.07) form submitted with this closeout package; that every statement and amount set forth in this instrument is true and correct as of this date; that all required audits as of this date have been submitted and approved; and I acknowledge that the DCA reserves the right to recover any disallowed costs identified in an audit completed after this closeout.

Chief Elected Official

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Signature

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Name and Title

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Date

#### For DCA use only:

Approval of this Closeout Package authorizes the deobligation of unexpended CDBG contract funds in the amount of \$\_\_\_\_\_.

Division of Housing and Community Development

DCA Finance and Accounting Section

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Name and Title

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Name and Title

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Date

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Date